Indian Health Service

A Culture of Caring

Contents

The Indian Health Service,
in partnership with the
people we proudly serve,
strives to employ
the technologies of modern medicine
while remaining culturally grounded
in the traditional values,
wisdom, and heritage
of the American Indian
and Alaska Native people.

Message from the Director

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Assistant Surgeon General
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Our goal at the Indian Health Service (IHS) is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people. The IHS is committed to upholding the Federal Government's obligation to promote healthy Indian people, communities, and cultures, and to honor and protect the inherent sovereign rights of Tribes. Since 1955, the IHS, in consultation with Tribes, urban Indian programs, and Indian organizations, has been working diligently and effectively towards this goal.

The IHS oversees a truly unique health delivery system that provides its customers with a wide range of medical services. Those services respect and attempt to blend traditional healing beliefs with the latest advances in medical technology. Working in tandem with more than 560 federally recognized Tribes, the IHS oversees the delivery of health care to communities in locations that range from some of the most remote regions in the nation to the metropolitan areas of major cities.

In addition to direct and contract patient care, the mainstay of our community-based primary care system, the IHS also provides environmental planning and maintenance services, sanitation system construction and maintenance services, and educational outreach and preventive health programs. This combination of patient care and preventive health activities has produced significant improvements in the health and well-being of American Indians and Alaska Natives.

The IHS also works closely with other Federal agencies and private foundations, universities, and organizations to bring additional resources to bear on Indian health issues. Health status is not determined just by the availability of health services or pharmaceuticals. It is the result of an interwoven tapestry of factors such as socioeconomic status, educational status, community and spiritual wellness, cultural and family support systems, and employment opportunities, to name a few. We have begun to weave a network of support systems and partnerships that will help to address all these contributory factors to the health status of the people we serve.

The IHS system has often been used as a model of innovative rural health care delivery by other health care organizations, both in the United States and abroad, and we are proud of the caliber of our employees and the expertise of our health care management leadership. The collective and individual achievements of our employees and leadership are the foundation of a successful health care delivery system.

The IHS constantly seeks dedicated, talented employees who want to work as part of a proven team to maintain and improve health care services for American Indian and Alaska Native people. If you enjoy working with and learning from diverse cultures, are committed to overcoming the challenges of health disparities, and want to launch a career with opportunities to advance to leadership roles, we invite you to join our **"Culture of Caring."**

The Indian Health Service

The Indian Health Service, an agency within the Department of Health and Human Services, is responsible for providing federal health care services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized Tribes grew out of the special government-to-government relationship between the federal government and Indian Nations. This relationship, established in 1787, is based on Article I, Section 8, of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. The Indian Health Service is the principal federal health care provider and health advocate for Indian people.

Mission

The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level possible.

Goal

The goal of the Indian Health Service is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Foundation

The foundation of the Indian Health Service is to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures, and to honor and protect the inherent sovereign rights of Tribal Governments.

The History of Indian Health

The Americas were originally settled by Indian people more than 10,000 years ago. During the course of their history, they established sophisticated social structures with unique languages, religious practices, and intricate customs. Scattered thinly across the continental expanse, these indigenous people had formed diverse tribal groups with distinct identities. However, common to all was their commitment to their native traditions. The rich cultural heritage of the original Americans thrives to this day through the beliefs and practices of their descendants.

American Indians and Alaska Natives, our nation's indigenous people, share a complex, sometimes turbulent history with the European settlers and other immigrants. Many of their ancestors lost their lives to achieve tribal recognition and Indian rights. Through their struggle, the often-embittered relationship between the two factions has evolved into one of structure, substance, and direction.

American Indian and Alaska Native rights were formalized by the initial treaties of 1784, in which the federal government acknowledged certain responsibilities toward the indigenous people. The government's obligations were subsequently reconfirmed and defined by Supreme Court decisions, legislation, Executive Orders, and other federal policies. The relationship between tribal governments and the federal government is founded in the U.S. Constitution, which recognizes that federally recognized Indian Tribes are sovereign nations with inherent rights. This distinguishes American Indians and Alaska Natives from all other ethnic groups in the United States.

During the late 1700s, European immigrants brought small pox, plague, tuberculosis, and other infectious diseases to this continent. Lacking immunity from foreign contagions, American Indians were particularly vulnerable to these maladies. Thus, illness spread rapidly through Indian communities and decimated many tribal groups.

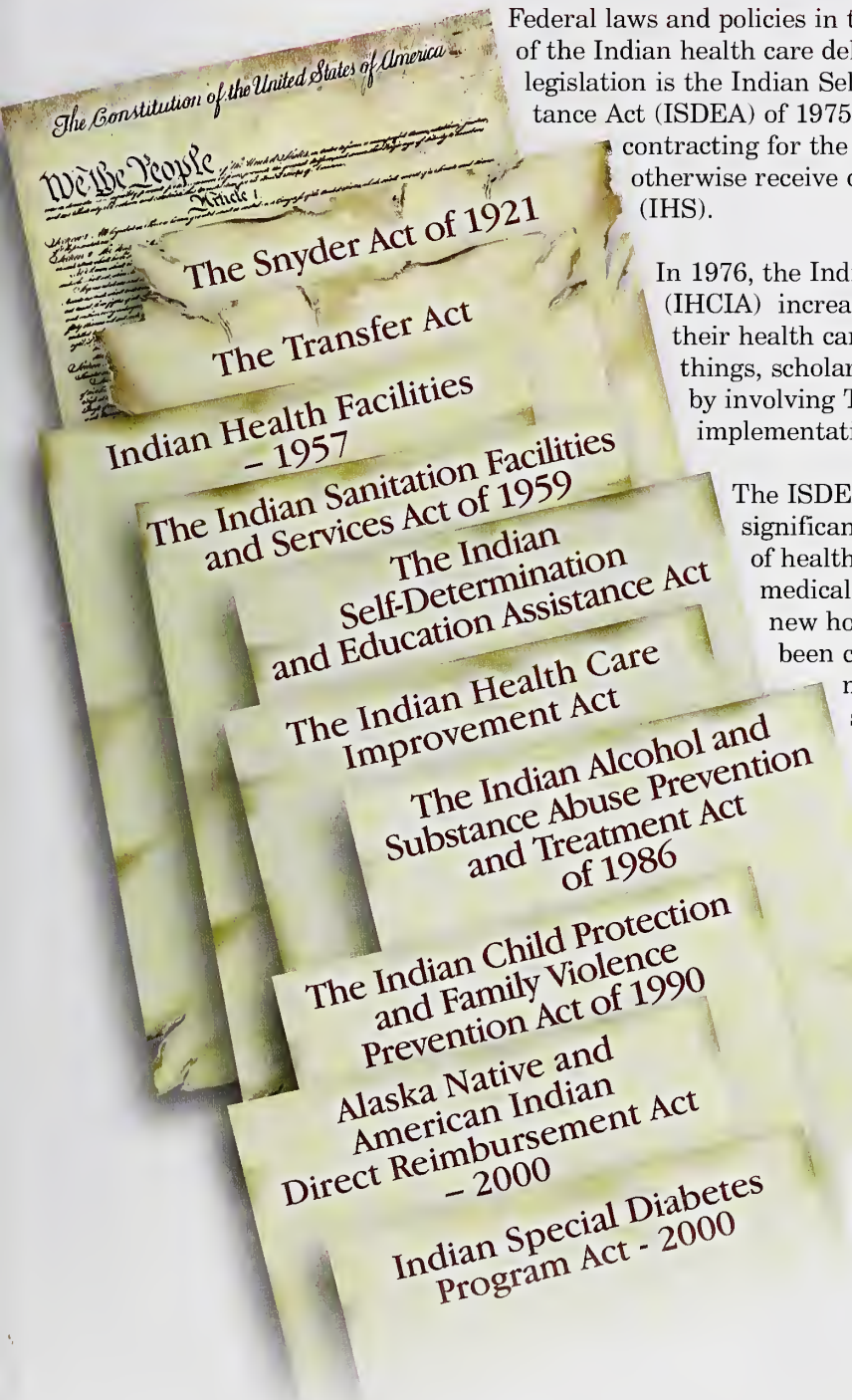
By the early 1800s, scores of Indian people living near Army

posts succumbed to infectious diseases, which then threatened the health of military personnel and other army post workers.

To curtail the spread of disease among its own, the Army officers began providing medical treatment to Indians living nearby. This marked the initial provision of health care by the U.S. Government to American Indians. Eventually, the government formalized this arrangement, agreeing to provide medical treatment to federally recognized Indians and their descendants for "the relief of distress and conservation of health."

For more than 120 years, the responsibility for Indian health care was transferred among different Federal Government branches. Finally, in 1955, it settled permanently within the Department of Health, Education, and Welfare, now the Department of Health and Human Services, and the Indian Health Service was officially established. In 1988 the Indian Health Service became an independent Public Health Service Agency.

Self-Determination and Self-Governance



Federal laws and policies in the mid-1970s greatly altered the profile of the Indian health care delivery system. Primary among this legislation is the Indian Self-Determination and Education Assistance Act (ISDEA) of 1975, which grants Tribes the option of contracting for the health care services that they would otherwise receive directly from the Indian Health Service (IHS).

In 1976, the Indian Health Care Improvement Act (IHCIA) increased participation of tribal members in their health care system by funding, among other things, scholarship programs for Indian students and by involving Tribes further in the planning and implementation of Indian health care services.

The ISDEA and IHCIA legislation also provided significant financial resources for the expansion of health care services. As a result, many aging medical facilities have been modernized and new hospitals, clinics, and health stations have been constructed. Along with these improvements, the number of health care professionals has increased.

Since the ISDEA was enacted in 1975, Tribes have been able to assume some control over the management of their health care services by negotiating contracts with the IHS. Subsequent amendments to the ISDEA have strengthened the federal policy of self-determination for Indian people. In 1994, the ISDEA was amended to authorize a Tribal Self-Governance Demonstration Program, which greatly expanded this partnership effort by simplifying the self-determination contracting processes and facilitating the assumption of IHS programs by tribal governments. It also authorized the transfer of IHS funds that would

have been spent for those programs directly to tribal control under a compacting process. The Tribal Self-Governance Amendments of 2000 established a permanent self-governance program within the IHS, and also authorized a study of the feasibility of including other Department of Health and Human Services agencies in the self-governance program.

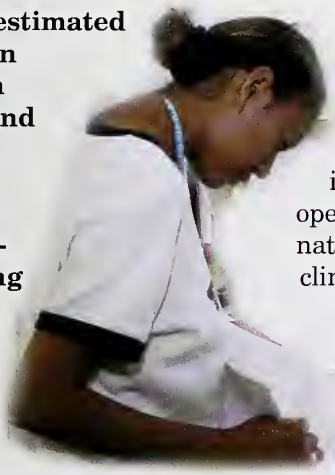
Whether through contracts, grants, or compacts, nearly all of the more than 560 federally recognized Tribes have exercised their option to assume some level of responsibility for their own health care programs. Since 1992, tribal organizations have negotiated 56 compacts with the IHS. Today, more than 50% of the IHS appropriated budget is allocated to tribally managed programs through compacts and contracts. This has resulted in an increased capacity in American Indian and Alaska Native communities to improve their own health care through the development of staff, facilities, community involvement in decision-making, and public health interventions.

As a result of these new opportunities, there has been a shift in the role of the IHS from direct care provision to support of tribally managed health care programs. Tribes now operate and staff almost 80% of outpatient clinics and other ambulatory care facilities in the Indian health care system. In addition, they conduct most community-based programs, including health promotion and disease prevention activities. Indian people now have a greater voice in determining what services will be provided.

In response to the transition from federal toward tribal authority, the IHS has downsized and reorganized. It has also formed a strong and effective partnership with tribal leaders, collaborating with Indian representatives on health care matters and supporting their objectives. This alliance helps ensure that resources are used most effectively and efficiently, and that the historic trust and treaty obligations continue to be honored. The IHS remains directly responsible for performing inherent federal, administrative, and advocacy functions on behalf of all Indian people, testifying to Congress on their health needs, and tracking legislative proposals that would affect their health. The IHS and tribal governments have designed a new health care system, one that allows local identification of health care needs and applies a multiplicity of innovative strategies to meeting them.

The Indian Health Program Today

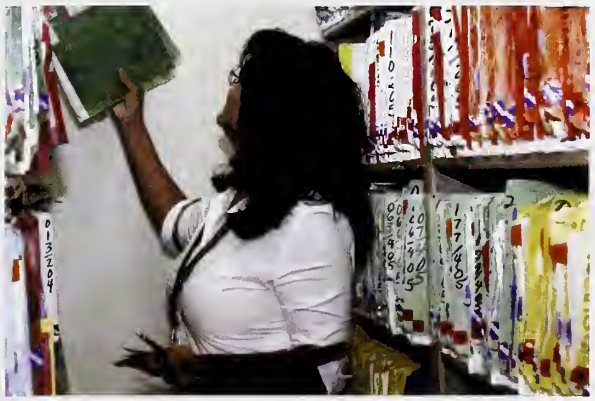
The multifaceted Indian health care delivery system serves approximately 1.6 million of the nation's estimated 2.6 million American Indians and Alaska Natives. These beneficiaries belong to more than 560 federally recognized Tribes, and reside primarily on reservations or in rural communities in 35 states. Medical and dental care is provided at more than 600 direct health care delivery facilities, including hospitals, health centers, school health centers, health stations, and health clinics. Also, some care that is not available at Indian Health Service facilities may be obtained through contracted health care providers.

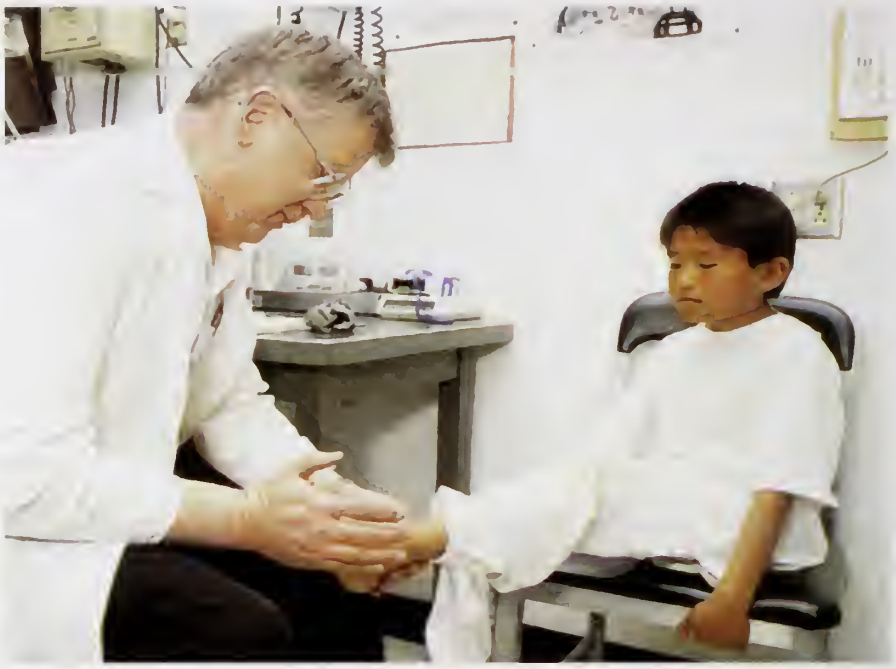


The IHS portion of the delivery system is organized into 12 regional administrative offices known as Areas, which are further divided geographically into more than 150 smaller administrative units called Service Units. Each Service Unit may include a federally or tribally operated hospital plus a combination of health centers, school clinics, and/or other smaller health facilities.

The IHS still provides the majority of inpatient services, operating more than 70 percent of all hospitals. However, Tribes now manage over 60 percent of the Service Units, providing local administrative support to the hospitals, clinics, and community health programs. They have assumed most of the ambulatory care activities, as well as managing over 80 percent of all outpatient clinics and health stations, and nearly all emergency medical services. In addition, nearly all of the community health representative programs and community-based portions of alcohol programs are now tribally operated.

The IHS clinical staff consists of approximately 900 physicians, 300 dentists, 400 pharmacists, and 2,700 nurses. The Agency also employs allied health professionals, such as engineers, sanitarians, physician assistants, nutritionists, dental auxiliaries, health educators,





and medical records administrators. In several isolated locations where local providers are not available, traveling teams of IHS physicians, dentists, and nurses deliver health care on-site on an intermittent schedule.

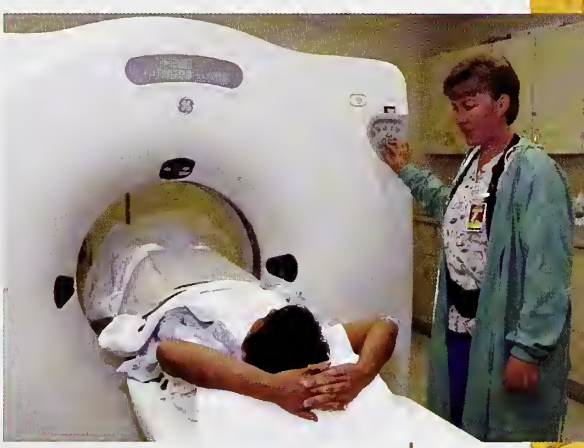
In addition, the IHS purchases medical and dental services from providers in the private sector through its Contract Health Services program, which is a component of the Indian health care system. Patients may also be referred to private sector health facilities for episodic treatment when needed services are unavailable through the Indian health care delivery system.

The Indian health care system delivers a high volume of quality medical services, with approximately 80,000 inpatient hospital admissions, 9 million ambulatory medical visits, and 1 million dental services annually. These facilities, staffs, and services are augmented by the Urban Indian Health Program, which provides direct health and dental care, referral, community outreach, alcohol and substance abuse, AIDS, and mental health outpatient services through 34 programs throughout the United States. In 2001 alone, an estimated 577,000 patient care contacts were provided through urban Indian programs.

Public Health Promotion

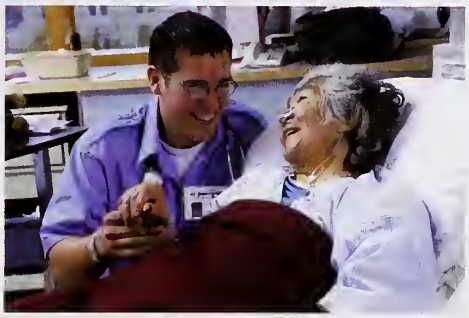
Public health is the foundation for wellness among American Indian and Alaska Native communities nationwide. Fundamental to the health of Indian communities, for example, are quality drinking water supplies and other sanitation services. The Indian Health Service environmental health and facilities construction program provides safe water supplies and waste disposal facilities for Indian homes and communities. These improved sanitation and environmental systems have contributed to the containment of infectious disease outbreaks, and along with other preventive methods, to the improved health status and increased longevity of Indian people. Unfortunately, both still remain below the national levels.

A multitude of health promotion and disease prevention campaigns, such as immunization efforts and dental sealant projects, complement environmental health and clinical services. Other community health programs include mental health and social services, nutrition counseling, public health nursing, substance abuse treatment, health education, and myriad public health activities, such as community-based screening programs for early detection and intervention procedures.



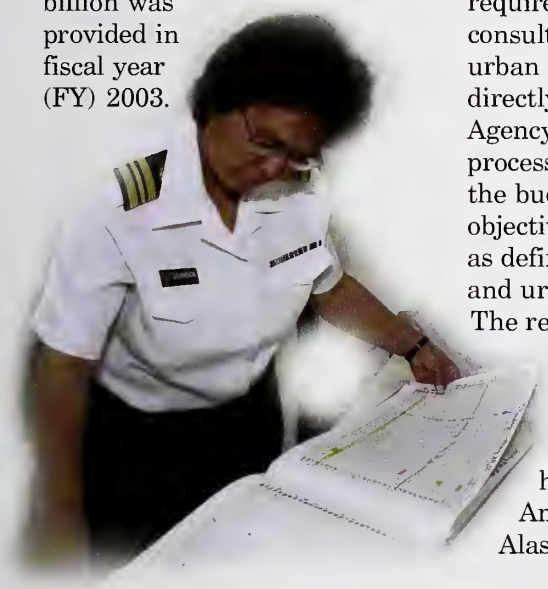
The IHS injury prevention program exemplifies community-based services and has produced significant results. The IHS and tribal educational and intervention-oriented campaigns have greatly reduced the incidence of traumatic injury and death among American Indians and Alaska Natives. Since 1972, injury deaths have decreased by approximately 54%. Among the many injury prevention projects initiated by the IHS are the widespread use of child passenger restraints, roadway hazard identification and repair, safety belt use promotion, intoxicated driving deterrence, drowning prevention, smoke detector usage, and helmet use. Since 1988, hospitalizations due to injuries and poisonings have declined by nearly one-third. However, there are still gains to be made; the injury rate for American Indians and Alaska Natives is still almost triple the rate for other Americans.

These examples illustrate the Agency's vigorous commitment to public health promotion as an effective and efficient means for reducing chronic diseases and acute conditions, and improving the overall quality of life. Along with comprehensive clinical services, they hold the promise of a healthier future for American Indians and Alaska Natives.



Funding Indian Health Care

Congress appropriates funds annually for the Indian health program; approximately $2.9 billion was provided in fiscal year (FY) 2003.



Most of the funds are appropriated for beneficiaries who live on or near Indian reservations or in Alaska Native villages.

The annual Indian Health Service (IHS) budget is developed in consultation with the American Indian and Alaska Native people served by the agency. A budget formulation process has been developed that integrates the Government Performance and Results Act requirements and IHS tribal consultation policy. Tribes and urban Indian organizations are directly involved in the annual Agency budget development process, which attempts to align the budget with strategic objectives and health indicators as defined by the IHS, Tribes, and urban Indian organizations. The result has been a better-documented and stronger IHS budget submission that more accurately addresses the health care needs of American Indian and Alaska Native people.

Approximately 78 percent of the FY 2003 IHS budget was appropriated specifically in "line items" to support direct care delivery, other health-related expenditures, and the administrative costs of the Agency itself. Also included in the budget were resources appropriated to expand Indian health services; build, renovate, and maintain medical facilities and equipment; support the Tribal Self-Governance programs; and increase the number of Indian health care professionals through academic scholarships and loan repayment programs.

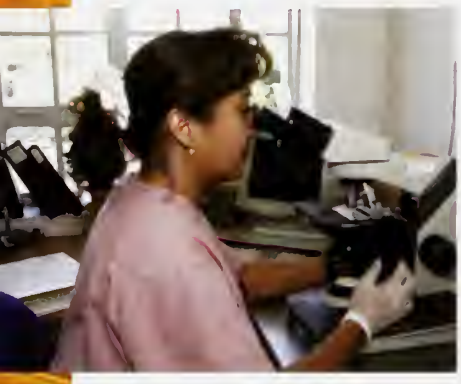
Funding is also obtained through special congressional allocations for such activities as diabetes control and prevention, and from third-party insurance collections (in FY 2002, $529 million in third-party collections was added to the IHS budget.) Collaboration and partnerships with other federal agencies, private and public foundations, and universities and colleges have also helped to contribute resources to the Indian health care system.

Indian Health Partnerships

In addition to continuing to develop our partnerships with Tribes and American Indian and Alaska Native communi-

ties, the IHS has also increased access to resources and expanded its knowledge base through partnerships with external organizations and collaborations with other federal agencies.

The IHS is the provider of choice for approximately 50% of the total American Indian and Alaska Native population in the U.S. However, many other federal agencies and state programs share responsibility with the IHS to provide health resources to Indian people.



Also, the IHS and Tribes have become aggressive in their efforts to identify and mobilize supplemental and alternative resources to aid in eliminating health disparities.

The IHS has emphasized that the continued success of collaborations is dependent upon the embracing of the principle that the provision of heath care for Indian people is a shared responsibility with all relevant components of the Indian health system and the entire spectrum of federal programs that impact quality of life and wellness issues.

Many federal and state resources, for example, are designated for health conditions affecting all individuals within a defined population group, including American Indian and Alaska Native members. Among these programs are Medicare and Medicaid, as well as the employee and individual health insurance policies of many American Indians and Alaska Natives. Reimbursements from these third-party sources contribute substantially to the ability of the IHS, tribal, and urban Indian health facilities to provide quality services.

Working committees established between the Centers for Medicare and Medicaid Services (CMS) and the IHS have resulted in greatly increased Medicare and Medicaid reimbursement rates for IHS and tribal facilities. In combination with improved collection methods, this has contributed to significant increases in third-party (private insurance, Medicare, etc.) collections. Between fiscal years 1995 and 1999, collections increased by more than 90%. In FY 2002, approximately $530 million in additional revenue was generated for IHS, tribal, and urban Indian health programs.

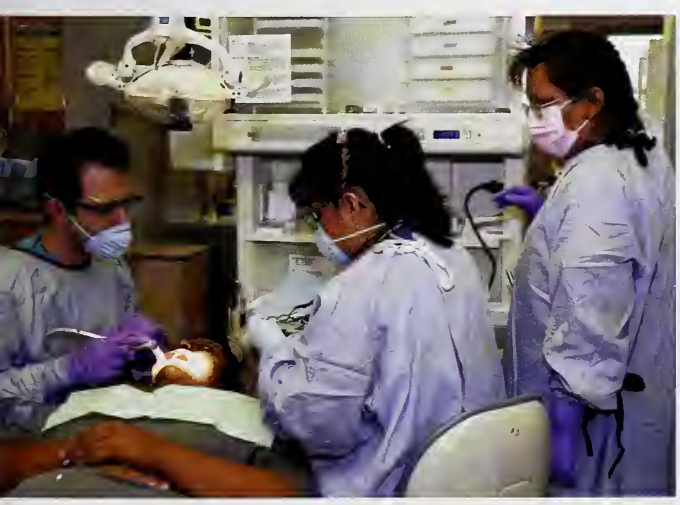
The Agency also advocates on behalf of Indian people through coalitions, networks, and partnerships. For example, more than 30 national health and health professions organizations have formed a coalition called The Friends of Indian Health, which advocates for Indian health programs and also testifies before Congress about Indian health needs.

The Department of Health and Human Services (HHS) has more than 300 health programs and initiatives, many of which are specifically targeted to the American Indian and Alaska Native population, and it is vital that Tribes have maximum access to all of them in order to most effectively address health disparities. The Secretary of HHS has recently revitalized the Intradepartmental Council on Native American Affairs, demonstrating the commitment

of the Administration and the Department to ensuring that Native American health and human service needs are given priority. The council is expected to coordinate the resources and programs of the Department to help ensure and increase access to all HHS health programs.

The IHS has also strengthened its working relationships within HHS. In April 2000, the IHS and CMS established a Joint Indian Health Steering Committee to further promote collaborative efforts. The HHS Centers for Disease Control and Prevention (CDC) and the IHS are also working together on Indian health issues, such as cancer, reproductive health, immunizations/vaccines, injury prevention, chronic disease prevention, hepatitis prevention, SIDS prevention, and nutrient data base analysis.

The National Institute of General Medical Sciences within the National Institute of Health (NIH) has also supported various IHS health services programs, including a partnership initiative to establish American Indian and Alaska Native research centers that began in fiscal year 2001. Other NIH Centers subsequently joined this effort with additional resources. The IHS has also worked with the NIH National Heart, Lung, and Blood Institute to establish a joint initiative called "Strengthening the Heartbeat of American Indian and Alaska Native Communities." This initiative focuses on designing culturally appropriate cardiovascular health promotion and disease prevention educational materials.



The National Diabetes Education Program, sponsored by NIH and CDC, was established to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and to prevent the onset of type 2 diabetes. Also, the IHS has collaborated with the NIH National Institute of Diabetes and Digestive and Kidney Diseases, CDC, and American Indian Higher Education Consortium to develop a multicultural, science-based diabetes education curriculum for American Indian and Alaska Native students from kindergarten through high school.

Other federal partnerships have also been established or strengthened over the years. For instance, as a result of partnership efforts with the Department of Veterans Affairs (VA), IHS facilities are allowed to access VA supply centers. Other partnership efforts have resulted in innovative techniques such as telemedicine being used to provide cost effective access to specialty care in some remote locations. Linkages with universities and

clinics have resulted in training opportunities for Indian health professionals, such as the Seattle Indian Health Board's residency program. A collaborative effort between the IHS, CDC, Department of Transportation, and the United Tribes Technical College resulted in the establishment of the first associate in applied science degree in the nation in injury prevention. The first class of American Indian and Alaska Native students graduated in May 2000.

The IHS has even built international linkages over the past few years. On several occasions, the IHS Director has represented the United States at the World Health Organization (WHO) in Geneva. In 1996, the Director addressed the WHO conference. The governments of Australia, New Zealand, Iraq, Afghanistan, and Canada, and countries in South and Central America have looked to the IHS for its expertise in addressing the health problems of rural and indigenous populations in order to learn about approaches they could apply in their countries. In September 2002, the Tribes, IHS, and Canadian First Nations sponsored an international conference entitled "Healing Our Spirit," which brought together indigenous people from around the world to address substance abuse, domestic violence, health care, and self-governance issues.

Also in 2002, the IHS assumed responsibility for administering the aetivities under a Memorandum of Agreement between the United States and Canada. Their goal is to jointly help improve the health status of Ameriean Indians and Alaska Natives in the United States and the First Nation and Inuit people in Canada through enhanced international eollaborations, identifieation and reinforcement of best practiees, and innovative approaches to learning opportunities.

Progress and Challenges

Since its transfer to the Department of Health and Human Services (HHS) nearly 50 years ago, the Indian Health Service (IHS) has achieved exceptional measures of success. The Agency has used available resources effectively to produce dramatic improvements among

many health indicators. Most dramatic is the substantial progress made in reducing the occurrence of infectious diseases. In 1955, for example, tuberculosis struck approximately 8 of every 1,000 American Indians and Alaska Natives. That number has since dropped by 97 percent. Life expectancy among Indian people has increased from 51 years in 1940 to approximately 71 years in 1998.

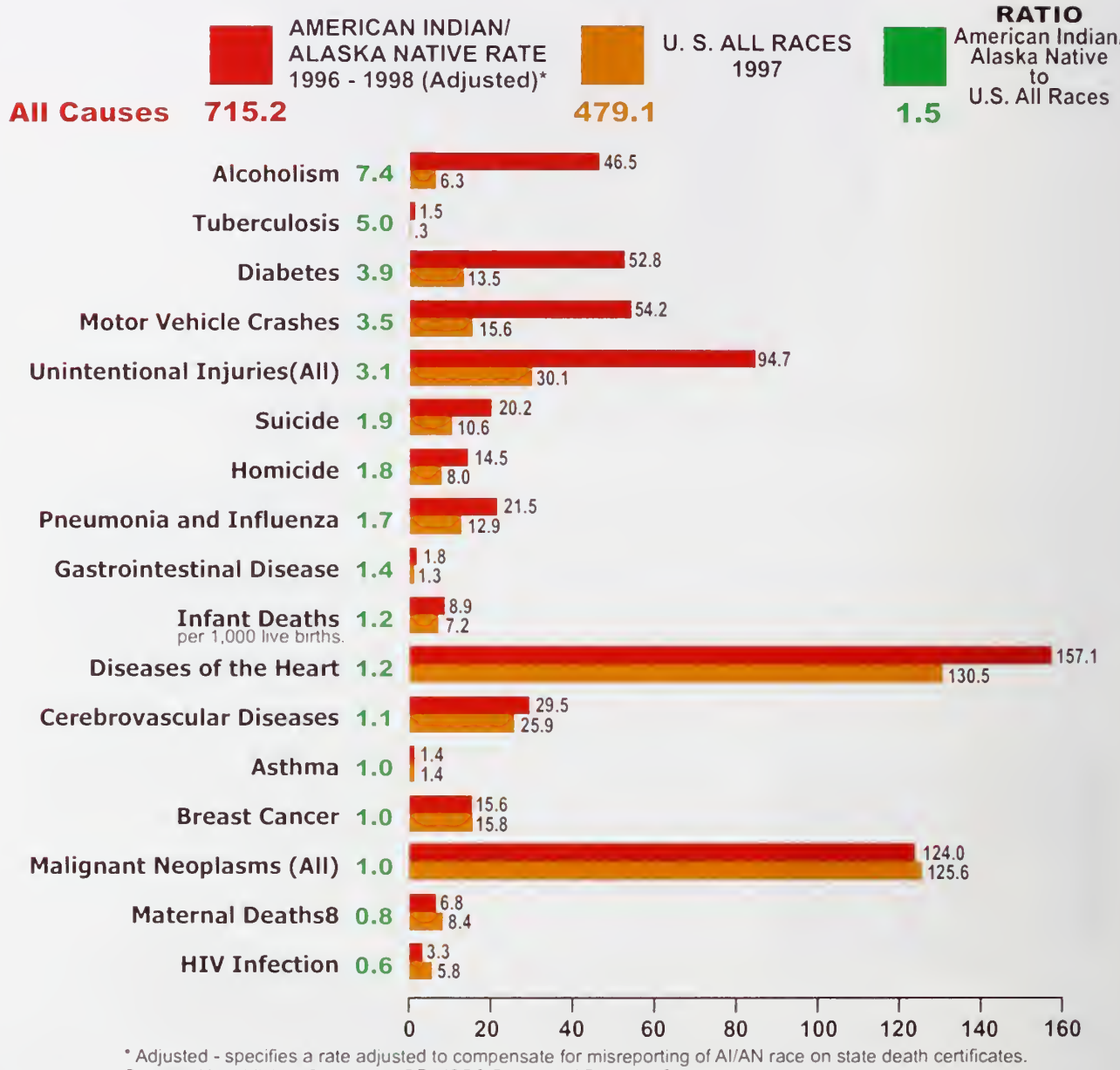
The following represent but a few of the many significant advances that have occurred since 1973, when reliable data first began to be compiled on Indian people:

- **The Infant Mortality Rate has been reduced by approximately 58 percent.**
- **The Maternal Mortality Rate has declined by approximately 78 percent.**
- **The Gastrointestinal Disease Mortality Rate has been reduced by approximately 73 percent.**
- **The Pneumonia and Influenza Rate has declined by approximately 51 percent.**
- **The overall mortality rate has declined by approximately 31 percent.**

Sanitation, immunization, and other public health measures are credited most for these profound accomplishments. Advances in medicine, nutrition, and preventive health care have also affected the health status of Indian people, as have changes in personal lifestyle.

AMERICAN INDIAN AND ALASKA NATIVE MORTALITY RATES COMPARED TO U. S. ALL RACES

Age-adjusted mortality rates, for IHS Service Areas, per 100,000 population



* Adjusted - specifies a rate adjusted to compensate for misreporting of AI/AN race on state death certificates.
Source: Unpublished 2000 data, OPH/OPS/Division of Program Statistics

Even though substantial gains have been made in health and longevity, American Indians and Alaska Natives continue to have disproportionate rates of disease and related mortality in this country. For example, during the period from 1997-1999, the tuberculosis death rate in Indians was 750% of that for the U.S. general population; for diabetes, 420%; for accidents, 280%; for suicide, 190%; and for homicide, 210% (rates adjusted for misreporting of race on state death certificates). With other mortality data, these health indicators contribute to a stark statistic: the life expectancy for Indian people is approximately 6 years less than for most other Americans.

Considerable disparities exist in the psychological well being of American Indians and Alaska Natives as well. American Indians, compared to the general population, tend to underutilize mental health services, experience higher therapy drop-out rates, be less likely to respond to treatment, and have negative opinions about non-Indian providers. The highest suicide rate among Indians is found in ages 15-34.

compared to ages 74 and older for the general population.

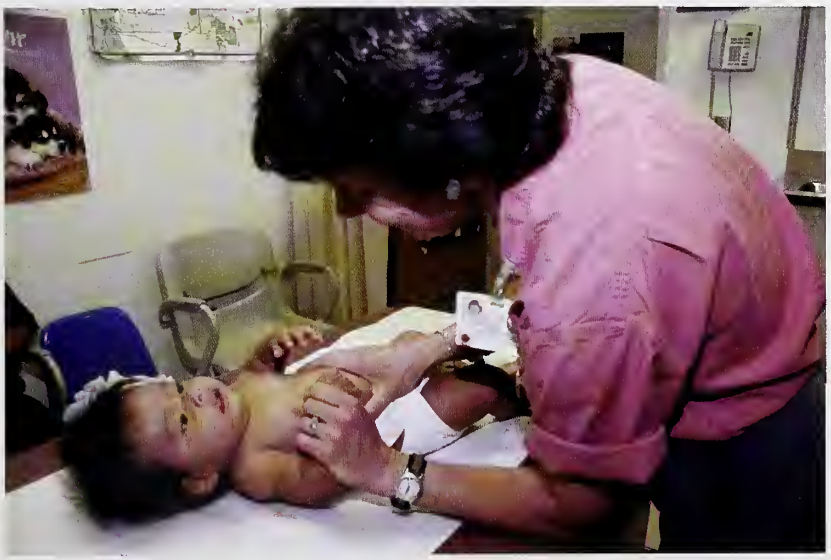
The Indian population is diverse, geographically dispersed, and economically disadvantaged. Approximately 32% fall below poverty level, and unemployment is 2.5 times higher than in the U.S. general population. Disease patterns among Indians are strongly associated with adverse consequences from poverty, limited access to health services, and cultural dislocation. Limited educational opportunities, high rates of unemployment, discrimination, and cultural differences all contribute to unhealthy lifestyles and disparities in access to health care for many Indian people.

Tribal leaders cite diabetes, unintentional injuries, alcoholism, and substance abuse as rising to crisis proportions in Indian communities. The alcohol mortality rate among American Indians and Alaska Natives is more than seven times that of all U.S. races. Either directly or indirectly, the abuse of alcohol adversely impacts on many Indian people. Indian communities are very concerned about these behavioral and mental health related health problems, and are working with the IHS to respond to these problems. The IHS now funds more than 330 alcoholism and substance abuse programs that provide a multitude of prevention and treatment services to Indian people in rural and urban communities. Local alcoholism prevention campaigns have demonstrated considerable efficacy and have earned national recognition for their success.

However, efforts to address these health problems cannot be expected to yield quick results. The most serious health problems are long-term, intractable issues that will be greatly affected by socioeconomic conditions in Indian communities and the resources available to respond to them.

The last few years have brought new opportunities for Indian health care. There have been fundamental changes in the structure, focus, accountability, and effectiveness of the Indian health care delivery system of IHS, tribal, and urban Indian health care programs. The successful decentralizing of the IHS health system and empowerment of Tribes and Indian communities to participate in their own healthcare services have shown that a government agency can focus on the customer and, indeed, change its way of doing business. The IHS policies of inclusion, consultation, and collaboration are key to maintaining the gains of the past and addressing the health challenges of the future.

Today, as we look to a new century of unparalleled prosperity in our country, the IHS is committed to eliminating the disparity in health status between American Indian and Alaska Native people and the rest of the nation's population. We will continue to work together in partnership with the people we serve to achieve this goal, and to seek new opportunities to apply this partnership.



Employment and Volunteer Opportunities

The evolving Indian health system delivers a variety of clinical, rehabilitative, and preventive services to American Indians and Alaska Natives in geographically and culturally diverse practice settings. This system of health care offers a wide array of unique clinical and community-based employment opportunities for health care providers, allied health professionals, and other members of the health care team. Positions are available through federal employment mechanisms, contracts, and the personnel systems of individual tribal organizations.

Within the Indian Health Service (IHS), varied employment opportunities exist to join the permanent workforce of about 15,000 employees, consisting of both civil service employees and commissioned officers of the U.S. Public Health Service. Part-time and full-time contract providers and volunteers supplement the federal workforce. Tribal organizations that operate their own health care facilities offer a variety of employment opportunities as well. Health care professionals may be hired as tribal employees, or they may work for the Tribes as contract or volunteer providers.

In addition to salary and benefits, certain financial incentives are available to qualified health care providers in exchange for employment and retention commitments. These include externships, internships, loan repayment awards, and various discipline-specific special pays and bonuses.

Augmenting the paid workforce, volunteers from a variety of health care professions represent a significant resource to Indian health facilities throughout the country. Physicians, dentists, and other professionals donate their time and skills during brief or extended assignments in unique practice settings. Travel reimbursement, subsistence and/or housing are available in many locations, helping to defray the providers' personal expenses. Having enjoyed a mutually beneficial experience, many volunteers return for additional assignments in a variety of locations. Volunteer assignments can be arranged by contacting the local IHS facility or by contacting the Tribe directly.

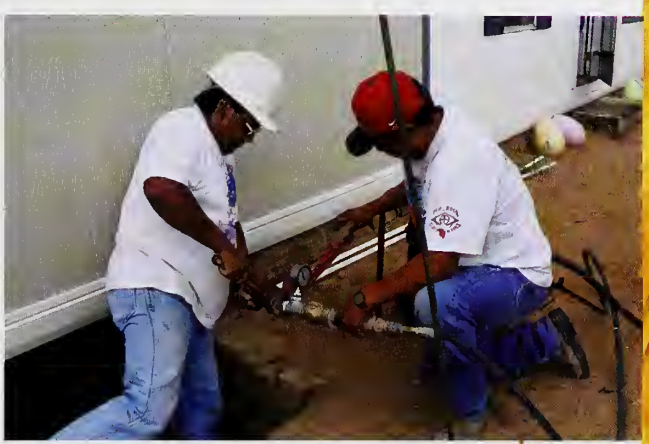
Work Environment

Health professionals working as part of the Indian health team have the opportunity to practice in a professional setting with exciting challenges and personal rewards. They are also able to enjoy the unique cultural experience of working with various Indian Tribes in some of the most scenic geographical locations in the nation.

The IHS health care professionals practice in a total health care environment where they fully utilize their knowledge and skills. Most IHS positions are in rural settings, where there is great demand for generalists as well as for specialists in hospital settings.

The IHS offers health professionals extraordinary opportunities for providing comprehensive care in culturally rich communities. For example, IHS nurses, who play a leadership role in clinics, hospitals, and public outreach programs nationwide, may choose to stay for an extended period of time in one location or periodically transfer to other locations to learn about other cultures and natural environments.

Consultations among physicians, nurses, pharmacists, nutritionists, and other disciplines are a routine part of IHS medical practice. As part of the health care team in a hospital or clinic setting, health professional staff have access to the necessary patient health information to enable them to give the highest quality health care, including laboratory results, immunization status, past medical history, current findings, and medications. This information sharing and team work allows, for example, the pharmacist to resolve problems with providers before dispensing medication, or the optometrist to fully assess the relationship between the patients' general health status and their ocular conditions. All members of the Indian health care team are considered important contributors to the decision-making process in patient care, as the IHS strives to deliver quality health care to Indian people.



Health Professional Training and Career Development

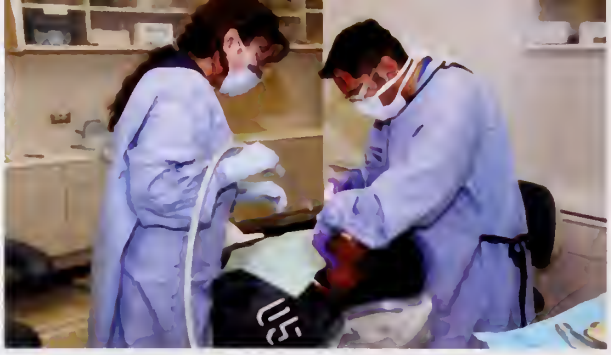
The Indian Health Service (IHS) provides opportunities for professional training and career development that supplement employment compensation in many disciplines, including advanced training in public health for physicians, nurses, dentists, and others. Among the advanced degree and certificate programs available to Indian health employees are specialty training for physicians and dentists; residencies for pharmacists, dentists, and institutional environmental health professionals; fellowships in injury prevention; and training in nurse anesthesiology. Long-term trainees are assigned as full-time students at academic institutions while receiving full salary and benefits. Educational tuition and fees are paid by the Agency or sponsoring tribal organization.

The Commissioned Corps of the U.S. Public Health Service offers student training and externship programs for qualified candidates in specific health disciplines. Student externs are on active duty as commissioned officers, earning the pay and benefits of a uniformed service assignment. Upon graduation, many former student externs take positions as commissioned officers within the IHS.

The IHS also provides extensive on-site continuing professional education for a range of health disciplines. Such courses are often geared specifically to the unique practice environment of the Indian health care delivery system. The Agency also funds attendance at courses sponsored by professional associations, military medical facilities, academic institutions, and other sources of continuing education.

Many employees broaden their knowledge and skills through active membership in professional associations, and through regular participation in discipline-specific organizations within the Indian health care program itself. Despite the vast geographic distances that distinguish the Indian health care delivery system, employees are able to associate frequently with their fellow professionals on current health issues and other timely matters through telecommunications, internet connections, and in-house publications.

Allied and auxiliary health personnel of the IHS, Tribes, and native corporations are vital resources in the provision of health care for American



Indians and Alaska Natives. These health care workers make health services more accessible and comprehensive, strengthen continuity, and increase American Indian and Alaska Native involvement in health activities. Among the careers for which training is available are community health representative, community health aide, health records technician, dental assistant, optometric assistant, mental health worker, medical social work associate, food service supervisor, and nutrition aide. On-the-job training is provided for nursing assistants, optometric assistants, pharmacy technicians, mental health technicians, medical social work associates, food service supervisors, and nutrition aides. On-the-job training is also provided for nursing assistants, food service workers, and medical records clerks.

A Community Health Aide Training Program was developed for the Alaska Area to train selected village residents in primary health care. Remote villages depend on the community health aide (CHA) for first-line primary health care and as the initial responder for emergency care. The CHAs provide a wide range of preventive health services that are coordinated with Alaska Native health corporations, the state, and IHS health care programs. Professional support and collaboration are provided by the physicians located at hospitals administered by Alaska Native health corporations. More than 500 CHAs in about 200 village clinics have been trained to provide these valuable health care services.

The mental health technician is an essential member of the IHS health care team. These paraprofessionals are primarily American Indians and Alaska Natives knowledgeable of the psychological and social aspects of the people they serve. Such workers are highly sensitive to the needs of the communities in which they work. They are instrumental in promoting understanding between the American Indian and Alaska Native patient and the medical provider and in winning acceptance of mental health activities from the Indian community. Mental health technicians are trained to assist psychiatrists, psychologists, psychiatric social workers, and other mental health professionals in providing therapeutic services in Indian communities, schools, hospitals, and health centers.

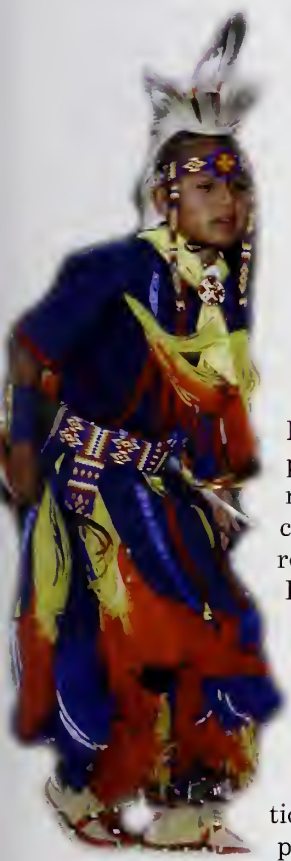
Nutrition training is provided to professionals and paraprofessionals by the IHS Nutrition and Dietetics Training Program located in Santa Fe, New Mexico. The aim of the training is to upgrade the knowledge and skills of personnel in IHS and tribally operated programs, hospitals, and other facilities.

A one-year program at Haskell Indian Junior College in Lawrence, Kansas, trains high school graduates to be dental assistants. Students are trained in chairside assisting, preventive services, and dental practice management. The training program is accredited by the American Dental Association, and graduates are eligible for certification. American Indian and Alaska Native dental assistants increase IHS dental services by more than 30 percent.

Allied Health Professional Training and Career Development

Whether interested in a temporary work experience, a lengthy assignment, or a fulfilling career, health care students, health care professionals, and allied health professionals are invited to contact federal and tribal representatives to discuss employment opportunities and volunteer positions.

See Professional Contacts on page 48.



The Future Challenges of Indian Health Care

Demographic, policy, and resource challenges require the Indian health care delivery system to constantly evolve, applying fresh solutions to chronic problems and employing new strategies to address emerging concerns such as diabetes, cancer, heart disease, mental health, and oral health.

For example, the Indian Health Service (IHS) has initiated innovative national and community projects to address the epidemic problem of diabetes among Indian populations. Diabetes now affects one out of every four adult American Indians and Alaska Natives 45 years or older, constituting the highest prevalence rate among all ethnic groups in the U.S. of similar age. Among some Tribes, half of the adult population aged 35 years or older is afflicted, making diabetes eight times more common among these Tribes than among the U.S. population at large. In fact, one Tribe in the U.S. Southwest has the highest recorded prevalence of type 2 diabetes in the world.

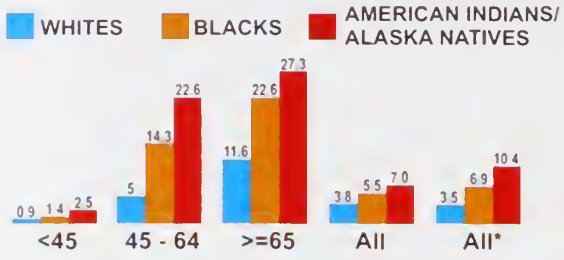
Diabetes is traditionally a disease of older people, but alarmingly, diabetes is being diagnosed at young ages in Indian communities. Between 1990 and 1998, the increase in prevalence for Indians under 45 years of age was ten times greater than for the same age group in the general U.S. population. The complications of this nearly endemic disease include blindness, amputations, and renal failure. Diabetes-related mortality among American Indians and Alaska Natives is more than four times that of the general population.

The IHS National Diabetes Program has received national and international recognition as a leader in the area of diabetes quality improvement, including developing and monitoring systems of diabetes clinical care through our *Annual IHS Diabetes Care and Outcomes Audit* and creating diabetes surveillance systems for tracking diabetes prevalence and complications.

To address this staggering health crisis, the IHS diabetes project includes research and surveillance; screening and identification; individual and community education; health professional training; primary, secondary, and tertiary prevention strategies; and a multiplicity of clinical services involving both conventional and new

PERCENTAGE OF PERSONS WITH DIAGNOSED DIABETES

by Age Group and Race, United States, 2000



Source: 2000 Indian Health Service outpatient database and 1997-99 National Health Interview Survey projected to 2000 population.

*Age-adjusted based on the 2000 US population.

drug methodologies. The IHS Diabetes Program, in cooperation with local community leadership, encourages physical activities and healthy lifestyles, especially among Indian youth. Traditional approaches to youth fitness have included a "Pedaling to the Four Winds" sports camp for youth and the Ho-Chunk summer gardening project. Other wellness projects have included nutrition classes consisting of special recipes using traditional foods, health booths set up at local PowWows to measure blood-sugar levels and promote healthy lifestyles, and hundreds of fitness and wellness programs for all ages throughout Indian Country, with such inspirational names as "**Strong in Body and Spirit,**" "**Strong Women Stay Slim,**" "**Circle of Wellness,**" "**Whirling Thunder Youth Sports,**" "**Succeeding Spirit,**" "**Children of Long Life,**" "**Wellpower,**" and "**Celebration of Life.**"

Another emerging health concern among Indian people is cancer. Cancer is the second leading cause of death for American Indians and Alaska Natives, and rates appear to be increasing. This increase is due in part, ironically, to the success of Indian health programs. Since the IHS has succeeded in reducing infant mortality, injuries, and infectious diseases, the population is now living long enough to experience the entire range of age-related diseases, including cancer. American Indians and Alaska Natives have historically had very low rates of cancer, due in part to competing causes of death, but possibly also related to diet, physical activity patterns, and limited tobacco use. We are now seeing a rapid increase in rates of tobacco-related cancers, breast cancer, prostate cancer, and colon cancer.

Given the increased use of tobacco products among this population, lung cancer deaths are especially projected to escalate, even though national rates are on the decline. The 5-year survival rate among American Indians and Alaska Natives with cancer is the poorest of all ethnic groups, due primarily to late diagnoses and limited access to care. Early identification, screening, and treatment of malignances have become major priorities of the Indian health care system. Several Tribes have already initiated screening programs; others are partnering with state agencies for such services.

Cardiovascular Disease (CVD) also used to be rare among American Indians and Alaska Natives. However, the current rates of coronary heart disease (including acute myocardial infarction and unstable angina)

are rapidly and dramatically increasing.

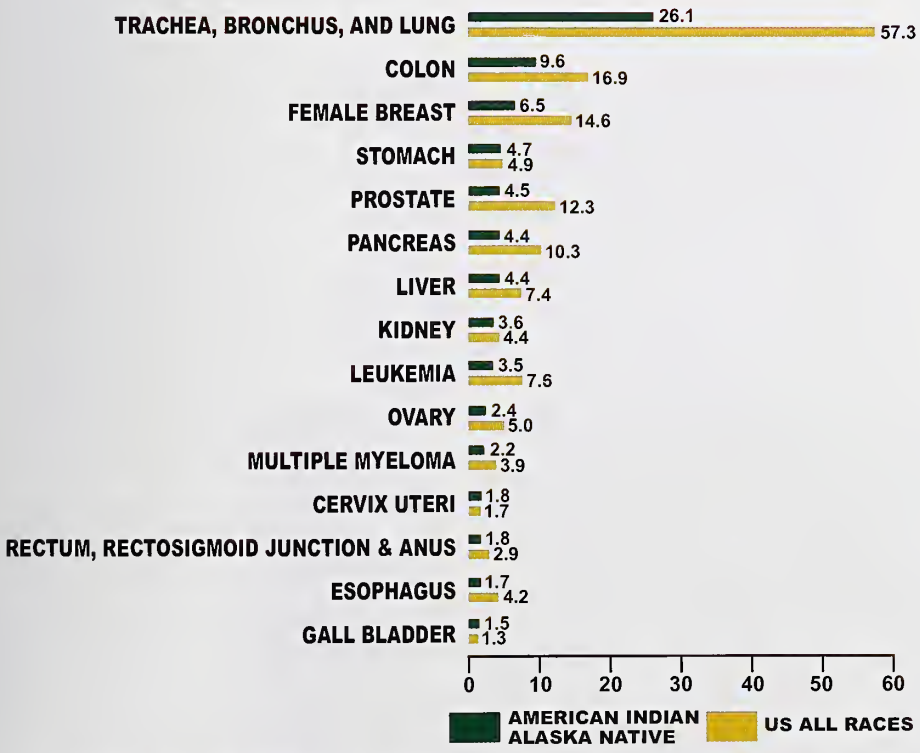
As recently as 40 years ago, the rates of CVD in American Indians and Alaska Natives were exceedingly low, due to a history of low rates of cardiovascular risk factors, including diabetes, hypertension, and hypercholesterolemia. However, over the past several decades, the incidence and prevalence of these risk factors has risen significantly. The rate of CVD in the general U.S. population has declined more than 50% since 1968. However, the rate of CVD among American Indians and Alaska Natives has risen significantly over this same period, with rates now occurring at almost twice the rate for the general population.

The IHS and tribal communities have developed multiple initiatives to improve the burden of cardiovascular risk factors as well as prevent the development of CVD among American Indians and Alaska Natives. In addition, the IHS has developed a focused regional cardiovascular subspecialty program located within the University of Arizona to directly focus on this issue from a therapeutic and preventative perspective, with positive significant results in terms of quality of care, cost savings, and prevention activities. The development of additional focused subspecialty cardiovascular centers collaborating with academic institutions is being supported and pursued.

Another area of concern is the range of maternal and child health problems among American Indians and Alaska Natives, which include fetal alcohol syndrome, diabetes-related complications, smoking during pregnancy, and excessive rates of respiratory diseases in young children. An aggressive response to this issue involves the expansion of primary care services in the prevention, screening, and treatment of

Leading Sites for Cancer Deaths for All Ages
American Indians and Alaska Natives
IHS Service Area (1996-1998)
U.S. All Races (1997)

Rates per 100,000 population

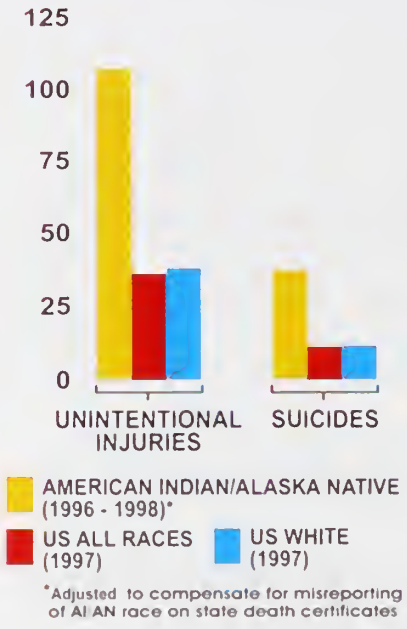


Note: AI/AN deaths are adjusted to compensate for race misreporting on state death certificates. Causes of death listed are based on the order of adjusted number of deaths.

Source: Trends in Indian Health, 2000-2001
US Department of Health and Human Services, Indian Health Service

DEATH RATES FOR AMERICAN INDIANS AND ALASKA NATIVES

Ages 15 TO 24 Years



childhood illnesses and chronic diseases, and education regarding maternal and childhood complications that have their origins in unhealthy behaviors.

An area of great need among Indian people is in the field of mental health. Greater than one-third of the demands made on health facilities in Indian country involve mental health and social service related concerns. In response to this overwhelming need, the IHS Mental Health and Social Services program has established a community-oriented clinical and preventive service program whose activities are part of a broader, multidisciplinary behavioral health approach. Behavioral health teams are composed of psychologists, mental health counselors, psychiatrists, social workers, substance abuse counselors, and traditional healers. The composition of each team is tailored to the specific issue to be addressed. Substance abuse, trauma, and poverty often complicate the healing process for American Indians and Alaska Natives. Currently, mental health and social services programs promote the mental health of individuals, families, and communities by providing appropriate and culturally responsive intervention, treatment, and prevention services.

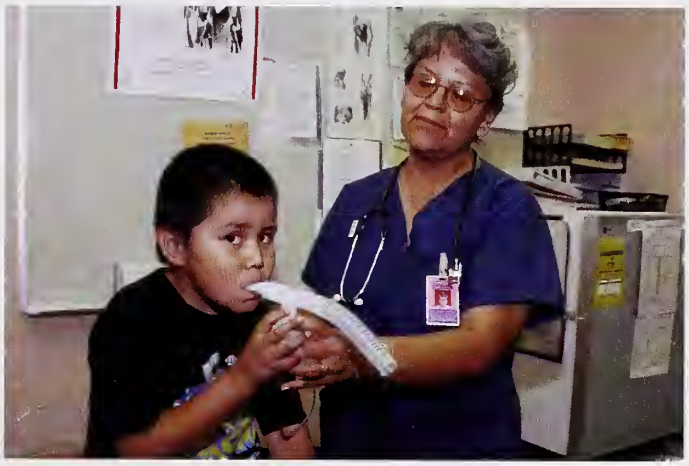
Additional intervention and prevention strategies that meet specific needs of individuals, families, and communities are needed. Investing in inpatient, outpatient, home, and community services will have a dramatic effect on decreasing the need for direct health services to respond to the consequences of behavioral and mental health related issues.

Another challenge in Indian Country is reducing disparate rates of oral diseases. Findings from the 1999 Oral Health Survey indicated that for American Indian and Alaska Native people, 79% of children aged 2-5 years had a history of dental decay, 68% of adults had untreated dental decay, and 59% of adults had periodontal disease.

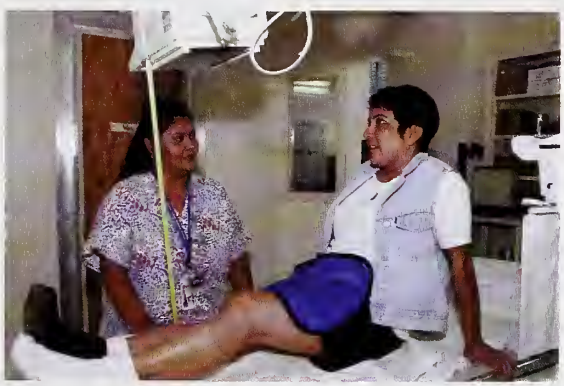
While these data indicate huge disparities in oral health, there have been improvements since the survey was made. The IHS has funded

seven Tribal Health Boards and Area Offices for the dental and clinical preventive support centers. The IHS also developed an Memorandum of Understanding with the National Institutes of Dental and Craniofacial Research/National Institutes of Health to enhance collaboration on research issues.

Also, in an intensive effort to recruit dental professionals, the number of loan repayment awards made to dentists and dental hygienists has increased dramatically since 1999. In fact, nearly all new dentists entering the IHS in 2002 received a loan repayment award. And the Indian oral health team has grown to include more than 1800 dentists, hygienists, and assistants who work in programs that strive to prevent and treat dental disease. Those numbers are expected to increase even more in the coming years, in response to the great need for dental services in Indian Country.



Indian health programs are also addressing the technological needs of the future. Advanced telecommunication systems are being employed to improve information transfer to remote areas of the country, easing the difficulties inherent in geographically isolated health delivery settings. Information technology is critical to the continued delivery of quality health programs in Indian communities. Information systems allow more efficient resource utilization through telemedicine, help address health workforce issues, and improve the quality of care provided to the American Indian and Alaska Native population.



These are but a few of the innovations in direct care, health promotion, and disease prevention that are redefining the Indian health care delivery system and establishing its emphases for the decades ahead.

A Nation of Nations

IHS AREAS

Indian Health Service Area Offices

ABERDEEN
ALASKA
ALBUQUERQUE
BEMIDJI
BILLINGS
CALIFORNIA
NASHVILLE
NAVAJO
OKLAHOMA CITY
PHOENIX
PORTLAND
TUCSON

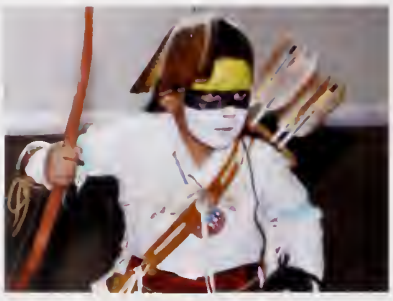
The Indian Health Service (IHS) delivery system is composed of 12 administrative Area Offices, which oversee local Service Units. Each Area Office has the responsibility for operating the IHS program within a designated geographical region. Their administrative duties include budget, operation, personnel and property management, program planning and implementation, tribal affairs, community development, statistical monitoring, grants and contracts management, and environmental health program direction. Health care is provided at the Service Unit level through the IHS itself, through tribally operated facilities, urban programs, or through the contract health services program.

Through the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended), Titles I and V, Tribes have three options of receiving health care: directly from IHS programs, contracting with the IHS for the delivery of services to their tribal members, or compacting with the IHS to assume their tribal share of the administration, operation, and funding of IHS programs.

Aberdeen Area

The Aberdeen Area IHS office was established to serve the Indian Tribes in North Dakota, South Dakota, Nebraska, and Iowa. The IHS brings health care to approximately 113,000 Indians living in rural areas, as well as the urban Indian population in Rapid City. The Area Office in Aberdeen, SD, is the administrative headquarters for 13 Service Units consisting of 8 hospitals and 5 health centers. The two largest reservations, Pine Ridge and Rosebud, are in southwestern South Dakota.

Indian and tribal involvement is a major objective of the program, and several Tribes have assumed partial or full responsibility for their own health care through Public Law (P.L.) 93-638 contractual arrangements with the IHS.



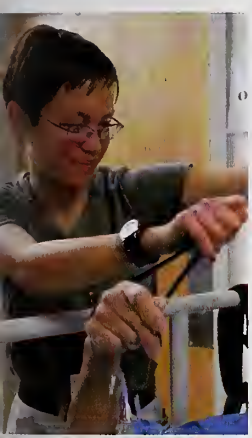
Each health care facility incorporates a comprehensive health care delivery system. The hospitals and health centers provide inpatient and outpatient care and conduct preventive and curative clinics. Direct care and contract care expenditures are used to augment care not available in the IHS facilities.

The Aberdeen Area is a rolling prairie divided in the western portion of the Dakotas by awe-inspiring mountains including the Badlands, the Black Hills, and Mt. Rushmore National Memorial. Residents of this unspoiled region enjoy numerous opportunities to hunt, fish, ice skate, ski, and hike. Agriculture provides a steady economic base, and hydroelectric developments on the Missouri River have spurred growth.

Contact:
Personnel Office
605-226-7553

Alaska Area

In conjunction with tribally-operated service areas, the Alaska Area IHS works to provide comprehensive health services to approximately 120,000 Alaska Natives. Under the authority of P.L. 93-638, Titles I and V, Alaska Tribes administer 100% of their health programs. Tribal hospitals are located in the communities of Anchorage, Barrow, Bethel, Dillingham, Kotzebue, Nome, and Sitka. There are 24 tribal health centers and 170 tribal community health aide clinics operated throughout the State. The Alaska Native Medical Center in Anchorage serves as the Area's referral center and is the gatekeeper for specialty care within the Alaska Native health system. Telemedicine technology is widely used throughout Alaska, connecting health aides at the smallest clinic with medical professionals in the regional hospitals and Anchorage.

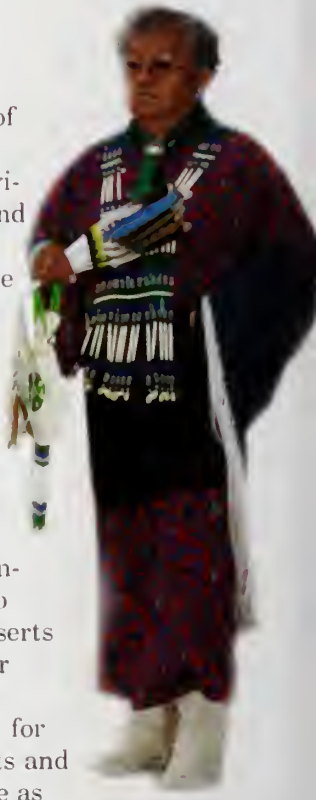


This complex health care system is administered through the provision of 19 contracts, 38 grants, and one compact (with 21 funding agreements).

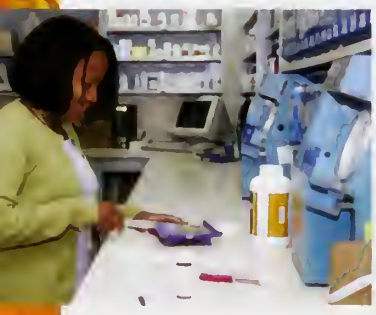
Alaska's Native health service locations provide easy access to the natural wonders of this vast, unspoiled state, from Annette Island at the southern tip of the panhandle to urban Fairbanks to rural Kotzebue, 260 miles north of the Arctic Circle. Health professionals experience first-hand the various Alaska Native cultures and traditions. Members of several Tribes have historically lived in well-defined regions, and each group retains many of its original customs and beliefs.

Contact:
Office of Human Resources
907-729-1305

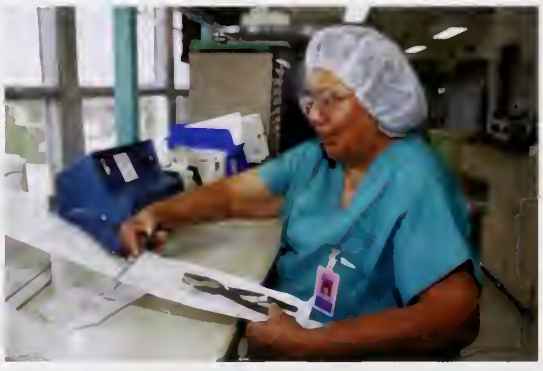
Albuquerque Area



The Albuquerque Area IHS is responsible for the provision of health services to a number of distinctly different tribal groups. In New Mexico, the Tribes served are the 19 Pueblos, the Jicarilla and Mescalero Apaches, and the Alamo, Canoncito, and Ramah Chapters of the Navajo Nation. In Southern Colorado are the Southern Utes and the Ute Mountain Ute Tribe (extending into a small portion of southern Utah). In Texas, the Ysleta Del Sur Tribe is served. Additionally, numerous tribal members from throughout the United States who live, work, or go to school in the urban centers of the Albuquerque Area are provided services in health facilities operated by the IHS.



The administrative headquarters of the Area is located in Albuquerque, New Mexico. The Area is divided into nine Service Units that deliver services at the community level. Most health facilities are strategically located near population centers and include 5 hospitals, 11 health centers, and 12 field clinics. These health care facilities offer a broad range of preventive, curative, environmental, and educational services to the Tribes in the Area.



The terrain of the Albuquerque area ranges from high altitude mountain ranges to sprawling deserts to spectacular canyons. The opportunities for outdoor sports and recreation are as varied as they are abundant.

Contact:
Office of Human Resources
505-248-4500

Bemidji Area

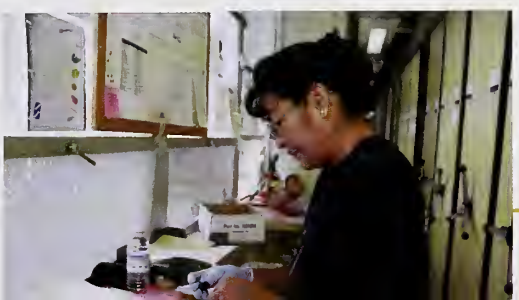
Located in Bemidji, Minnesota, the headquarters of the Bemidji Area IHS provides health care and funding to support health services for American Indians and Alaska Natives residing in five states. Tribal facilities are located in Minnesota, Wisconsin, Michigan, and Indiana; and urban centers in Minnesota, Wisconsin, Michigan, and Illinois. Currently, there are 34 federally recognized Tribes in the Bemidji geographical area. Ojibwe (Chippewa) Indians are the most numerous of the 34 Tribes served by the Bemidji Area. Others include the Ottawa, Potawatomi, Menominee, Ho-Chunk, Sioux, Oneida, and the Stockbridge-Munsee Mohican Band.

The Bemidji Area IHS serves approximately 90,000 individual patients. Health services are provided through a variety of means. The IHS directly operates two short-stay hospitals, three health centers, and five health stations. Many Tribes operate their own health services under the authority of P.L. 93-638. There are 24 health centers and 33 health stations operated by Tribes. In addition, there are five urban Indian health programs operating with some IHS funding as authorized by Title V of P.L. 93-638.

The IHS and tribal health providers also contract with private providers of health services for inpatient or specialty services not offered in those settings through the Contract Health Services program.

Many tribal members are geographically isolated from the urban facilities and community health centers and must rely on a team approach of IHS, tribal, and contract providers for their health care needs. Facilities range from community health stations and walk-in first-aid centers to fully staffed hospitals and clinics. Preventive education and health screening are stressed in an effort to control some of the Area's chronic health problems.

Most of the land in this Area is heavily glaciated and remains forested. The northern lake area covers the lush, fertile states of Michigan, Minnesota, and Wisconsin, with an abundance of lakes and unspoiled acres of land that provide many opportunities for recreation.



Contact:
Office of Human Resources
505-248-4500

Billings Area

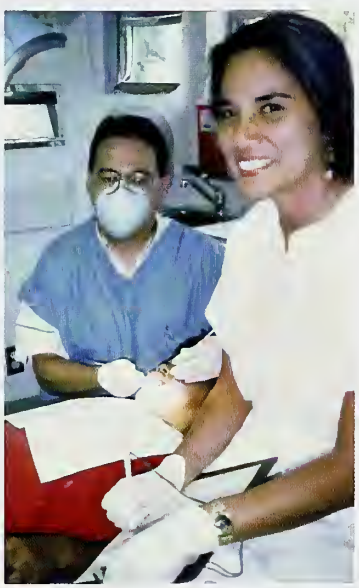
The Billings Area IHS Office in Billings, Montana, oversees the provision of comprehensive health care services to approximately 65,000 Indian people on seven reservations in Montana (Blackfeet, Crow, Northern Cheyenne, Fort Peck, Fort Belknap, Rocky Boy's, and Flathead) and one reservation in Wyoming (Wind River). Ten Tribes are located in Montana and two in Wyoming. There are six federally managed Service Units in Montana and one in Wyoming. Tribes administer two Service Units in Montana. The IHS operates two hospitals and one Medical Assistance Facility, plus a variety of ambulatory care facilities located on the reservations. These facilities provide a wide range of services, including inpatient, ambulatory, emergency, dental, pharmacy, nutritional, environmental health, community health, pharmacy, and preventive health services. The IHS and the Tribes in the Billings Area work together as a team to provide the best possible health services to the American Indian people they serve.

The Billings Area boasts the scenic open space and big sky country of Montana and Wyoming. It serves members of Plains Tribes on reservations and in surrounding communities. Many of the Tribes' traditional activities and languages remain intact. This area is famous for its fresh air and outdoor activities. Montana and Wyoming contain more than 17 million acres of national forest, over 3 million acres of wilderness, and many national and state parks. Outdoor activities and fresh air complement the health promotion and disease prevention activities that have been initiated through reservation-based Community Fitness Centers.

Contact:
Area Personnel Office
406-247-7210

California Area

Headquartered in Sacramento, the California Area IHS Office serves the largest Indian population in the U.S., an estimated 320,000 American Indians and Alaska Natives belonging to over 100 federally recognized Tribes. The California Area health care delivery system has no facilities directly operated by the federal government. All health care programs are provided entirely through contracts as allowed by P.L. 93-638, where Tribes establish and maintain responsibility for the development and operation of their health facilities, programs, and services. There are currently 31 tribal health programs operating 57 ambulatory clinics in California. As part of the national Indian health system of federal, tribal, and urban Indian health programs, the California Area also contributes to the support of seven urban health programs located in Fresno, Oakland, Sacramento, San Jose, Santa Barbara, San Diego, and Los Angeles.



Most of the California tribal health programs augment IHS funding with grants and contracts from other funding sources. It is not uncommon for IHS to be the secondary source of funding for a tribal health program. Employment is arranged directly through each facility and requires that the health care provider hold a California license.

California has an astounding cultural diversity and an incredible variety of natural beauty; towering forests and incredible mountains are just hours away from beautiful beaches and deserts. From the glamour of Hollywood to the majesty of Yosemite National Park, there is never a shortage of things to do and see in California, with its perfect weather, beautiful scenery, and attractions for every taste.

Contact:
Personnel Management
916-930-3927 Ext. 320

Nashville Area

The Nashville Area IHS Office in Nashville, Tennessee, administers a comprehensive health care program for American Indians living in 14 states in the Eastern United States. The Nashville Area health programs provide preventive, curative, and environmental health services to more than 46,000 American Indians. The Nashville Area consists of 27 federally recognized Tribes and urban groups. The Area consists of two tribally operated hospitals, one in Cherokee, North Carolina, and the other in Choctaw, Mississippi. Cherokee is also the site of Unity Healing Center; a tribally operated residential substance abuse facility for adolescents, focusing on a 12-step program following traditional values.

The Nashville Area administers P.L. 93-638 tribal contracts and compacts for the delivery of 100% of Indian general medical and dental care services in those states. As part of a national Indian health system of federal, tribal, and urban Indian health programs, the Nashville Area also contributes to the support of three urban health programs located in New York, N.Y.; Baltimore, Maryland; and Jamaica Plains, Massachusetts.

The Nashville Area is the largest of the 12 IHS regions geographically, although it does not service the largest population of Indian people. The Area is richly endowed with the traditional cultures of many Tribes. The beautiful crafts made by the Tribes are highly prized by collectors. Participants at celebrations and Pow-Wows enjoy the chance to sample delightful traditional foods. Health care facilities are located near beautiful settings such as the Atlantic Ocean, the Great Smoky Mountains, and the Great Lakes. Most professionals in the Area's facilities are employed by the Tribes, but may also belong to one of the government's personnel systems; the federal civil service or the Public Health Service Commissioned Corps.

Contact:
Division of Human Resources Management 615-467-1510

Navajo Area

Located in Window Rock, Arizona, the Navajo Area IHS Office administers numerous clinics, health centers, and hospitals, providing health care to more than 200,000 members of the Navajo Nation, the San Juan Southern Paiute Tribe, and other eligible American Indians. The Navajo Nation is the largest reservation-based Indian Tribe in the United States and is situated on a land base that encompasses more than 25,516 square miles in northern Arizona, western New Mexico, and southern Utah, with three satellite communities in central New Mexico. (The Navajo Area coordinates with both the Phoenix and Albuquerque IHS Area Offices for the delivery of health services to the Navajo, Hopi, and Zuni Reservations because these reservations are close to each other.)

Comprehensive health care is provided to the Navajo people through inpatient, outpatient, contract, and community health programs centered around 6 hospitals, 8 health centers (including one school health center), and 14 health stations. The five hospitals range in size from 25 beds in Crownpoint, New Mexico, to 98 beds at the Gallup Indian Medical Center in Gallup, New Mexico.

Two Service Units (in Tuba City, Arizona, and Winslow, Arizona), and a clinic at Montezuma Creek, Utah, are currently administered by local health care corporations under P.L. 93-638 contracts. Also, a major portion of the Navajo Nation health care delivery system is sponsored by the Navajo Tribe itself, which operates the Navajo Division of Health (NDOH) in Window Rock, Arizona. The NDOH provides a variety of health-related services in the areas of nutrition, aging, substance abuse, community health, and emergency medical services.

Health care professionals are also drawn to this area by the special connections made with the Navajo people and their traditions, and by an appreciation of the natural beauty of the area, with its desert landscapes, tall mountain ranges, swift rivers, grasslands, sand dunes, and cactus forests. Its people are a vibrant blend of cultures and traditions, and it boasts a remarkable array of fine-art venues, including historic theatres, colorful galleries, and renowned museums.

Contact:
Personnel 928-871-5834

Oklahoma City Area

The Oklahoma City Area IHS Office, located in Oklahoma City, Oklahoma, provides technical and administrative support for the provision of health care to American Indians residing in Oklahoma, Kansas, and a portion of Texas. The service population consists of over 285,00 American Indians representing 42 Tribes. Approximately 12,000 admissions and 1.5 million outpatient visits are made annually at 7 Indian hospitals and 42 outpatient health centers administered through 11 Service Units located throughout Oklahoma, northeastern Kansas, and Eagle Pass, Texas. Additional services are provided through four Urban Programs located in Wichita, Kansas; Dallas, Texas; and Tulsa and Oklahoma City, Oklahoma.

Of the 42 health centers, 31 are totally managed by Tribes under P.L. 93-638 compacts and contracts, 9 are operated directly by the IHS, and 2 are operated under contract with Indian organizations. Approximately 60% of the hospital admissions are in IHS facilities, with tribal programs providing care for the remaining 40%. However, tribal health centers provide service to approximately 55% of the ambulatory visits. Health care delivery in the Oklahoma City Area is truly a partnership effort between the federal and tribal programs.

A clean environment, lakes, small mountain ranges, and prairies characterize this area. Health professionals live and work in rural areas, small college towns, or large cities in Oklahoma and Kansas. For them, the lifestyle is quiet, unhurried, sociable, inexpensive, and focused upon the basics: good school systems, outdoor recreation, and cultural events. Many of the facilities are quite large, with a diverse staff and state-of-the-art equipment. These modern facilities are staffed by IHS and tribally hired professionals and paraprofessionals.

Contact:
Division of Human Resources
405-951-3935

Phoenix Area

From its headquarters in Phoenix, Arizona, the Phoenix Area IHS Office oversees the delivery of health care to approximately 150,000 Indian people in the States of Arizona, Nevada, and Utah -- from the small Cocopah Tribe in southwestern Arizona to the widely dispersed Paiute Indians in Nevada and Utah. The Phoenix Area Office operates primarily as an administrative center for 10 Service Units, which may include one or more health centers or hospitals. There are 39 federally recognized Tribes residing within the Phoenix Area IHS region. The Tribes vary in size, locale, and affiliation.

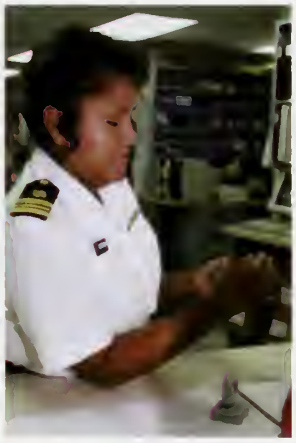
Within the Phoenix Area are nine hospitals, located in the following reservation communities: Fort Yuma, Owyhee, Keams Canyon, San Carlos, Whiteriver, Parker, Sacaton, and Schurz. Seven of the hospitals are operated by the IHS and two (Sacaton and Owyhee) are tribally operated under P.L. 93-638. The largest hospital in the Area is the IHS-operated Phoenix Indian Medical Center. Patients are referred there for specialized care not available at the other eight reservation hospitals. In addition, the IHS operates seven health centers and six health stations. Also, local physicians and dentists are often under contract to the IHS. Other areas are served by traveling teams of IHS medical and allied health professionals.

The Area's terrain and climate vary from desert to mesa country to alpine meadows to rugged national parks. Recreational opportunities include hiking, camping, backpacking, skiing, and water sports. Outdoor activities are popular among the Phoenix Area staff, whether stationed in desert areas, mountainous terrain, or along the Colorado River.

Contact:
Office of Human Resources
602-364-5219

Portland Area

The Portland Area IHS Office serves 43 federally recognized American Indian Tribes throughout Idaho, Oregon, and Washington, with an estimated population of 170,000 American Indians and Alaska Natives. Tribal self-determination has been an exciting and highly successful initiative throughout the Portland Area. Approximately 75% of the IHS funding in the Portland Area supports tribally-operated health programs. The IHS continues to directly operate seven ambulatory health centers on reservations in Washington (Yakama, Spokane, Colville, and Makah), Oregon (Warm Springs), and Idaho (Fort Hall), and on the campus of the Chemawa Indian School on the Western Oregon Service Unit in Salem, Oregon. Many innovative methods of providing services have been implemented by Tribes to improve access to health care. Such programs include expanded clinic hours, specialty clinics, special diabetes programs, orthodontic care, managed care programs, physical therapy, cardiac care, wellness clinics, residential youth treatment, and others. Each program is designed to fulfill the health care needs of its service population with particular sensitivity to the cultural and spiritual needs of the Indian community.



The IHS, urban, and tribally operated programs provide health care services through a wide range of comprehensive and preventive services. During fiscal year 2002, there were approximately 568,000 direct ambulatory visits, 96,000 dental visits, and 71,000 contract health service inpatient and outpatient visits provided.

The Pacific Northwest is rich with varied terrain, climate, and beauty, and is famous for its many recreational opportunities. Most Indian reservations are located in its prime recreational areas and the facility locations vary from remote rural and coastal reservations to large metropolitan areas. The locations of the tribal and federal sites offer practitioners many choice opportunities to work in modern outpatient ambulatory settings and enjoy many unique cultural experiences.

Contact:
Division of Personnel Management & Training
503-326-6499

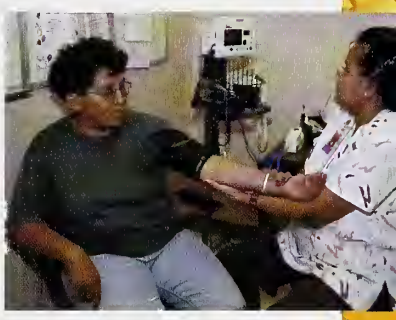
Tucson Area

Headquartered in Tucson, Arizona, the Tucson Area IHS Office works with the Tohono O'odham Nation and the Pascua Yaqui Tribe of Arizona. Health services for the Tohono O'odham are centered in Sells, Arizona, capital of the Tohono O'odham Reservation and the hub of reservation life. Health Centers are also located in the reservation communities of Santa Rosa and San Xavier. Health care in the Sells Service Unit is a combined effort of the IHS and the Tohono O'odham Department of Human Services. The comprehensive health program consists of inpatient, ambulatory, dental, public health nursing, environmental, behavioral, and community preventive health services.

The Pascua Yaqui medical program is a program of contracted ambulatory health care managed by the IHS with input and involvement of the Tribe. Medical contract services are provided on the reservation at the Yaqui Health Center and at contractor facilities within Tucson. The Yaqui Contract Health Service managed care program includes contracts for inpatient, specialty, ambulatory, and ambulance services. The Tribe contracts for the provision of behavioral, public health, community preventive, and dental services. Both the Pascua Yaqui and Sells Service Units are administered by the Tucson Area Office, which is located on the campus of the San Xavier Health Center on the Tohono O'odham Reservation, near the southern edge of the city of Tucson.

Situated in south-central Arizona, extending south to the U.S./Mexico border, the Tucson Area is located in a land of natural beauty unique to the Sonoran Desert . . . vast valleys framed by rugged mountains, all dominated by Baboquivari Peak, sacred mountain of the Tohono O'odham, jutting from the desert floor to an impressive 7,730 feet. The arid desert climate, with an average temperature of 68 degrees Fahrenheit, yields an annual rainfall of only 7 inches, received mostly during dramatic late summer storms thundering through the desert. They bring vital watershed, unforgettable skies, and a sign of hope and renewal to the People who have lived here for centuries. The land is flush with ocotillo, cholla, and saguaro cacti— with a backdrop of mesquite and palo verde trees, creosote, devil's claw, and an array of desert flowers.

Sixty miles east of the Sells Hospital by paved highway lies Tucson. With approximately 884,000 residents in the greater metropolitan area, Tucson is the second largest city in Arizona. "The Old Pueblo" as it is called, is one of the oldest continuously inhabited sites in North America, steeped in a rich heritage of Indian and Spanish influence. Tucson affords all of Southern Arizona extensive entertainment, recreation, shopping, and cultural opportunities.



Contact:
Human Resources Branch
520-295-2443

Professional Contacts

Physician Recruiters:	http://www.ihs.gov/JobsCareerDevelop/CareerCenter/PhyRecrt.asp
Dental Recruiters:	http://www.dentist.ihs.gov/Positions/vacancies.cfm
Nurse Recruiters:	http://www.ihs.gov/JobsCareerDevelop/CareerCenter/NurseRecruit.asp
Environmental Health:	http://www.dehs.ihs.gov/
Engineers:	ftp://ftp.ihs.gov/pubs/OPH/DFEE/vacancy/VACLIST.htm
Optometrists:	http://www.ihs.gov/MedicalPrograms/Optometry/index.asp
Pharmacists:	http://www.pharmacy.ihs.gov/
Other Professional Contacts:	http://www.ihs.gov/JobsCareerDevelop/CareerCenter/ProRecrt.asp

IHS websites:

www.ihs.gov
www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices
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www.ihs.gov/publicinfo/photogallery
A collection of historical and current photos that can be downloaded and used in presentations, publications, and reports.

www.info.ihs.gov
Information on specific healthcare topics concerning American Indians and Alaska Natives.

ONE DEPARTMENT

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